

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G90726

Entity Name: JAY A. LEVINE, M.D., P.A.

FILED
Jun 14, 2005
Secretary of State

Current Principal Place of Business:

2925 AVENTURA BLVD #300
N. MIAMI BEACH, FL 33180

New Principal Place of Business:

Current Mailing Address:

2 GROVE ISLE DR
BLDG 2 APT 1002
COCONUT GROVE, FL 33133

New Mailing Address:

C/O MPCF
6401 S.W. 87 AVENUE STE 210
MIAMI, FL 33173

FEI Number: 59-2372167

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVINE, JAY A.
2925 AVENTURA BLVD #300
N. MIAMI BEACH, FL 33180 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEVINE, JAY A. M.D.,
Address: 2925 AVENTURA BLVD., #300
City-St-Zip: N.MIAMI BCH., FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAY A LEVINE

DR

06/14/2005

Electronic Signature of Signing Officer or Director

Date